

Free Code  Reduced Code

# Daily Meal Participation Record

## Iowa Child and Adult Care Food Program

Revised 10/01

Use an (X) to indicate meals served

This form or a similar one should be maintained daily for each site. Do not mail a copy of this worksheet to the State office.

NAME

C  
O  
D  
E

Monday  
Date: \_\_\_\_\_

Tuesday  
Date: \_\_\_\_\_

Wednesday  
Date: \_\_\_\_\_

Thursday  
Date: \_\_\_\_\_

Friday  
Date: \_\_\_\_\_

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17.

18.

19.

20.

Total Meals Served

Free Meals Served

Reduced Price Meals Served

Other Participant Meals ("Paid")

Daily Attendance (include all present for care)

